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Re: Attestation of Support for State of Arizona's Application
State Innovation Models: Round 2 of Funding for Test Assistance

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The College of Health Solutions (CHS) and the Center for Applied Behavioral Health Policy (CABHP) at Arizona State University hereby attest to their commitment to and active engagement in Arizona's application for Test Funding for the State Innovation Models (SIM) award. We believe that Medicaid, the State's largest insurer, is an important lever for driving delivery transformation and are equally committed to actively striving toward health delivery transformation to yield better health outcomes and lower costs. Accordingly, the College of Health Solutions and Center for Applied Behavioral Health policy believe it is essential to collaborate with the State of Arizona, the AHCCCS and the Arizona Department of Health Services, to effectively improve population health and promote system reform from a payment and delivery perspective, specifically through the development of a robust healthcare workforce and through the evaluation of integration effectiveness.

Among the greatest challenges faced by organizations serving AHCCCS consumers is the lack of a workforce trained to address whole health needs of their patients in an effort to improve patient health outcomes while reducing unnecessary and costly utilization. In the area of workforce development, the Nicholas A. Cummings Behavioral Health Program (DBH) and the School for the Science of Health Care Delivery (SHCD), housed within the College of Health Solutions, are uniquely positioned to assist in the training and development of a health care workforce prepared to address the challenges faced by the state of Arizona in its efforts to improve population-based healthcare for behavioral health patients and super-utilizers. Both units are the first of their kind in the country, and train the next generation of health care leaders to address our complex and rapidly changing health care system.

For the past five years, the DBH program has been training behavioral health providers to work collaboratively with primary care providers and other medical professionals to provide comprehensive whole-health care. For

behavioral health providers in integrated care settings, success is contingent on an understanding of medical literacy, evidence-based practices to promote both mental health and healthy lifestyles, and health care systems and policies. For organizations, leadership that understands integrated care practices and pathways are necessary for successful implementation and long-term sustainability. The faculty, graduates, and students of the DBH program have consistently transformed service delivery to AHCCCS consumers through collaboration and work with ACOs, primary care clinics, behavioral health clinics, and managed care organizations on effective integration practices. Similarly, SHCD students, graduates, and faculty are dedicated to the development of patient-centered, safe, and cost-effective care systems focused on achieving the Triple Aim.

While the DBH program has historically focused on training mid-level providers such as counselors, social workers, nutritionists, and care managers, as well as health care administrators and managers, various provider organizations serving AHCCCS consumers would likely benefit from trainings for peer support specialists on promoting healthy lifestyle, care managers who serve as liaisons between behavioral health and primary care organizations in reverse integration settings, hospital administrators and health systems looking to establish clinical pathways and protocols to reduce emergency department recidivism and super-utilization of costly healthcare services, medical providers to more effectively utilize behavioral health resources, and promotoras and other culturally-sensitive services to promote health behavior change. The expertise of both the DBH program and SHCD with regards to effective distance learning mediums make them uniquely positioned to train providers throughout the state of Arizona.

The CHS and CABHP are also strongly positioned to assist the state of Arizona in the area of program evaluation. The CABHP has extensive program evaluation experience with a number of health care provider systems, both at the state and local level. In addition to the Center's Annual Summer Institute, which draws more than 350 health and behavioral health professionals from across the state, the CABHP is currently at the end of a five-year NIH study (CJDATS-2) on strategies for integrating criminal justice and substance abuse care for offenders. This has expanded into a two-year partnership with Maricopa County Correctional Health, Mercy Maricopa Integrated Care, the People of Color Network, and the Maricopa County Sheriff's Department.

Similarly, the Center for Health Information and Research (CHiR) has provided a repository for and analysis of health care data throughout Arizona, with data partners that include AHCCCS, ADHS, and numerous local providers. CHiR also collects trauma registry and workforce data, providing an example of much-needed integration and analysis capabilities for Arizona's health care initiatives by leveraging relationships with several groups at ASU, including CABHP, DBH, SCHD, and the Department of Biomedical Informatics.

Thus, in reviewing the State's proposal, and considering the strengths of our Centers and departments, we believe that there are multiple areas in which ASU could provide assistance. Program implementation has been gaining importance with NIH and as well as health care systems such as the VA. Given the proposed multi-system and inter-agency process for AHCCCS' proposal, an additional role that may be served by ASU is one of a Coordinating Center for the SIMS initiative particularly in light of CABHP's history of staffing and coordinating various interagency committees and workgroups required by this initiative. Models such as those previously utilized for CJDATS-II, (e.g. the evaluation of interagency teams and use of inter-agency facilitators to assist multi-agency partners to establish, implement, and sustain protocols to integrate care coordination) could be readily adapted and replicated for the current initiative.

Approaching the evaluation of this project, and the informatics related to that evaluation from a multi-systems perspective could provide a unique and innovative area of study and program design. Leveraging the full capacities of the ASU informatics core, through the combined efforts of CHIR, the Decision Theater, the Center for Public Policy Informatics, and the College of Health Solutions can propel the state's efforts in unique and innovative directions. The historic systems design of our state's behavioral health care network, and its implementation of Medicaid funding for behavioral health services a number of years ago has established an informatics capacity with that provider system rarely present in other states. Likewise, our ability to create inter-

operability between health care and behavioral health care (AHCCCS Claims), justice systems (APETS), and child welfare (CHILDS) information systems, provides ASU a unique vantage point from which to study and inform multi-systems, inter-agency approaches to integrated health care. CHIR provide a central core from which to begin, but acquiring and integrating these other data systems responds directly to the multi-systems and super utilizer issues articulated in the state's plan.

Finally, given the diversity of integration strategies throughout the State, it will be critical to evaluate implementation effectiveness at the practice/organization level, while being attuned to variations in baseline practices and measuring changes over time. This may be done through the identification and implementation of patient reported outcomes, cost evaluation, and cost effectiveness evaluations, such as quality adjusted life years (QALYs). Additionally, evaluation of patient engagement and the impact of behavioral interventions on acute and chronic medical conditions through EHR and other electronic methods for data entry, extraction, and analysis are necessary for sustainability. Finally, in order to promote the Triple Aim for all AHCCCS consumers in Arizona, evaluation efforts should examine the comparative effectiveness of various delivery and integration models.

In summary, CHS and CABHP recognize that to promote whole-health care across the State, efforts to address super-utilizers, inappropriate use of emergency departments, care coordination, and integrated healthcare cannot be successful if agencies and organizations are not collaborative and working as a single system of care. We firmly believe that the proposal put forth by AHCCCS will lead to the dismantling of existing silos between physical and behavioral health, resulting in better quality of care and patient outcomes. We believe that we can further the SIM process to achieve a united system through workforce development initiatives and strategically evaluating State and organizational implementation procedures and outcomes.

We look forward to ongoing and continuous participation in these efforts,

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